



Disability Employment Partnership

Release of Information Letter

Date: _____

Dear Civil Rights Officer:

I, _____, agree to participate in the Disability Employment Project offered jointly by the: Governor's Commission on Employment of People with Disabilities, Executive Office of Health and Human Services, and Human Resources Division. My signature below signifies my consent to release my name and résumé within your agency, for the sole purpose of applying for a position.

I retain the right to withdraw my participation in this initiative at any time with no harm to my current or future employment status.

Yours truly,

_____,
(Applicant's signature)

If additional information is needed regarding the Disability Employment Partnership, Please contact Joe Reale at (617) 204-3854.